



APPLICATION FOR CERTIFICATE OF APPROPRIATENESS

(Application must be filled out completely)

_____ Pre-Application
 _____ Preliminary site visit request
 _____ Application

Date Received _____
 Hearing Scheduled _____

[NOTE:] Architectural, Engineered or Scaled Drawings for any structural and/or exterior modifications or additions (including signage) must be submitted with this application.

DESIGNATED PROPERTY:

Location of Property (include street address if available) _____

Tax Map Identification _____

Name of Applicant _____

Doing Business as (if applicable) _____

Address of Applicant _____

Phone: Cell _____ Work _____ Home _____

Relationship of Applicant to Property (Lessee, owner) _____

Architect _____

Address _____ Phone _____

Contractor _____

Address _____ Phone _____

TYPE OF BUILDING

PROPOSED WORK

_____ Single Family	Addition to existing structure	Alteration to existing structure
_____ Commercial	Repair	New Construction
_____ Two Family	Fence/Wall	_____ Landscaping
_____ Garage	_____ Parking	Sign/Advertising
_____ Multi-family	Demolish/Move	_____ Other

Is there an application relevant to this property and the subject modifications or improvements pending or contemplated before the Board of Zoning Appeals, City Planning Commission or City Council? If so, please specify _____

Who will represent applicant before the Historic Preservation Commission?

Name _____

Title or relationship to applicant _____

Address _____ Phone _____

DOCKET # _____

General Description of each modification or improvement: _____

Why is work planned? _____

What materials will be used? _____

How will the work be performed and what methods of application will be used? _____

Will the existing appearance be the same or different? _____ Explain _____

What is the estimated cost? _____

When is the work to begin? _____

What is the completion date? _____

Name, address & Phone # of property owner and/or legal agent (Print or type):

Notarized signature of property owner and/or agent

Mail completed application with supporting documentation to:

Historic Preservation Commission
197 North Main Street
Ellijay GA 30540

TO BE COMPLETED BY CITY STAFF

Received by _____ Docket Number _____

Date _____ Tax Map Identification _____

Qualifies for Administrative Review _____ yes _____ no

Revised 2.2009